



APPLICATION FOR LICENSURE

INSTRUCTIONS: YOU MUST COMPLETE THIS ENTIRE APPLICATION. ANY CORRECTIONS TO THIS FORM MUST BE STRICKEN AND INITIALED. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS APPLICATION.** IF ANY SECTIONS ARE NOT COMPLETE, THIS APPLICATION WILL BE RETURNED. YOU MUST SUBMIT A CHECK OR MONEY ORDER FOR \$25.00 ALONG WITH THIS APPLICATION.

TYPE OR PRINT

1. FULL NAME: LAST FIRST MIDDLE		
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):		RPE NUMBER:
3. *ADDRESS OF RECORD: STREET IF APPLICABLE, WOULD YOU LIKE YOUR ADDRESS CHANGED? ____ YES ____ NO		
CITY, STATE, ZIP CODE:		
4. RESIDENCE TELEPHONE: ()		BUSINESS TELEPHONE: ()
5. SOCIAL SECURITY NUMBER: - -		DATE OF BIRTH (MM/DD/YY): / /
6. EMPLOYER: NAME		STREET ADDRESS
CITY, STATE, ZIP CODE:		
7. LICENSE TYPE: SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____		
8. EDUCATION: MASTER'S DEGREE _____ MASTER'S DEGREE EQUIVALENCY _____		

9. LIST ALL SCHOOLS WHERE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY EDUCATION WAS RECEIVED. (YOU WILL BE REQUIRED TO PROVIDE OFFICIAL GRADUATE AND UNDERGRADUATE TRANSCRIPTS FOR EACH SCHOOL ATTENDED.)

INSTITUTION	LOCATION	MAJOR FIELD OF STUDY	DATES ATTENDED	DEGREE RECEIVED MA/BA/AUD AND DATE RECEIVED

*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

10. HAVE YOU TAKEN THE EDUCATIONAL TESTING SERVICE/NATIONAL TEACHER EXAMINATION (NTE) IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY? YES ____ NO ____ IF YES, DATE: ____/____/____ YOUR SCORE: ____ <div style="text-align: center;">MONTH / YEAR</div> <div style="text-align: right;">(MINIMUM SCORE OF 600 REQUIRED)</div>
HAVE THE EDUCATIONAL TESTING SERVICE FORWARD STANDARD SCORE EXAMINATION RESULTS TO OUR OFFICE.
11. HAVE YOU COMPLETED ANY PORTION OF YOUR CFY/RPE IN ANOTHER STATE? YES ____ NO ____ A. IF YES, LIST THE STATE(S): _____
IF YOU WISH TO USE THIS EXPERIENCE YOU WILL BE REQUIRED TO SUBMIT A REQUIRED PROFESSIONAL EXPERIENCE VERIFICATION FORM.
12. HAVE YOU BEEN LICENSED TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY IN ANY STATE OR COUNTRY? YES ____ NO ____
13. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE, WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD? YES ____ NO ____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)
14. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR ANY OTHER HEALING ARTS, OF ANY STATE? YES ____ NO ____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)
15. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE IN THE HEALING ARTS IN ANOTHER STATE? YES ____ NO ____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)
16. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$75 OR LESS) YES ____ NO ____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)
YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.

NOTE: THE PHOTOGRAPH AND THE SWORN STATEMENT BELOW MUST BE DATED WITHIN SIXTY (60) DAYS OF THE FILING DATE OF THIS APPLICATION.

ATTACH 2" X 2" OR 3" X 3"
PASSPORT QUALITY PHOTOGRAPH HERE
YOU MUST PRINT YOUR FULL NAME ON THE
BACK OF THE PHOTOGRAPH.

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

DATE: _____ SIGNATURE: _____ RPE # _____

(SIGNATURE MUST BE IN BLUE INK)